

# Public Health Emergency Law

CDC Foundational Course for Front-line Practitioners

Developed by

**U.S. Centers for Disease Control and Prevention**



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## Public Health Emergency Law

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- Unit 1: Course Introduction and Basic Concepts
- Unit 2: Legal Issues: Detecting and Declaring Emergencies
- **Unit 3: Emergency Powers I: Protection of People**
- Unit 4: Emergency Powers II: Management of Property
- Unit 5: Emergency Powers III: Mobilizing Professional Resources
- Unit 6: Advanced Issues Seminar



# Public Health Emergency Law

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## Unit 3 Emergency Powers I: Protection of People



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## Disclaimer

These course materials are for instructional use only and are not intended as a substitute for professional legal or other advice. While every effort has been made to verify the accuracy of these materials, legal authorities and requirements may vary from jurisdiction to jurisdiction. Always seek the advice of an attorney or other qualified professional with any questions you may have regarding a legal matter.



## Unit 3 Objectives

By the end of this unit, participants should be able to:

1. Understand the emergency public health powers available for mandatory isolation/quarantine
2. Understand the emergency public health powers available for mandatory vaccination & treatment
3. Understand legal issues of particular importance to special populations during public health emergencies



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**Instructor:** *This is an essential slide, as the objectives frame the order of content included in this unit.*

Only in the last half of the 20th century were most Americans able to forget the power communities must, can, and do exercise to protect public health.

Special issues include:

- Providing food, medical care, minimal needs to those held in quarantine or isolation
- Special populations: religious/cultural objections to medical care; special needs populations (elderly, infirm, dialysis patients, etc.)
- Dietary restrictions

## Objective 3.1

Understand the  
Emergency Public Health  
Powers Available for  
Mandatory  
Isolation/Quarantine



## *Hypothetical Example (Cont.)*

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### *Recall from Unit 2:*

Day 10 - noon: Pneumonic plague confirmed. 2000 cases reported throughout city. Hospitals overflowing.

Day 10 – 2:00 PM: In order to stop spread of disease, it is necessary to:

- Separate infected patients from the uninfected
- Shut down transportation: trains, cars, buses, planes
- Vaccinate those in areas still unaffected



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(cont. next slide)



## *Hypothetical Example (Cont.)*

- Day 11:
  - After TV news story on side effects – many refuse to be vaccinated
  - Thousands break quarantine
  - Food shortages - trucks not entering quarantine area



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As part of the teaser, be sure to include examples of situations where a public health officer wants to

- Examine medical conditions of persons, perhaps against their will
- Treat or vaccinate patients
- Isolate patients found to be carriers of the disease
- Quarantine persons thought to have been exposed
- Address resistance by parts of the population to some of these orders leading to procedural issues, etc.
- Address problems arising in implementation of these orders
  - Severe adverse side effects after administering vaccination
  - Logistical challenges in implementation – food, materials, medical care
  - Perhaps a judge getting involved to implement hearing requirements

## State and Federal Power to Act in a Public Health Emergency

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- Key powers include ability to order mandatory
  - Isolation/quarantine
  - Immunization, testing and other treatments
  - Evacuation/restrictions on travel



These are the key powers that we will be reviewing in this unit. Other powers for the management of property and getting help/services from medical and emergency services professionals will be covered in the next two course units.

## State Powers

In every state:

- Police power to protect public health and safety
- Statutes generally provide powers for mandatory immunization, testing, treatment, isolation and/or quarantine

*Subject to constitutional and statutory procedural protections*



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First Topic: Does the state have authority to require persons to undergo medical treatment – usually in the form of immunization and testing for communicable diseases, but also including requiring treatment of persons?

Bottom Line: YES, but this authority is subject to constitution and statutory procedural protections, including:

- Powers must be exercised reasonably:
  - Most cases refer to the reasonableness of the public health measures under review when affirming them.
  - A quarantine that is far more restrictive than necessary to achieve the desired protection of public health – so that individuals are unnecessarily denied liberty – may be overturned. See, *Jacobson v. Massachusetts*, 197 U.S. 11 (1905)(Vaccination case) ( “Police power of state must be held to embrace, at least, **such reasonable regulations established directly by legislative enactment as will protect the public health and safety**. . . . The mode or manner in which those results are to be accomplished is within discretion of the state, subject, of course, that . . . no rule . . . or regulation . . . shall contravene the Constitution of the United States, or with any right which that instrument gives or secures.” pg. 25.)
- Right to due process (14th amendment)
- Freedom to exercise religion
- Equal protection/discrimination concerns

From the CDC Division of Global Migration and Quarantine (DGMQ) website:

<http://www.cdc.gov/ncidod/dq/>

States generally have authority to declare and enforce quarantine within their borders. This authority varies widely from state to state, depending on state laws.

As discussed later, there is also federal isolation and quarantine authority. The Centers for Disease Control and Prevention (CDC), through its Division of Global Migration and Quarantine, also is empowered to detain, medically examine, or conditionally release persons suspected of carrying certain communicable diseases. This authority derives from section 361 of the Public Health Service Act (42 U.S.C. 264), as amended.

## Quarantine and Isolation: Definitions

### Isolation:

- *“Isolation refers to the separation of persons who have a specific infectious illness from those who are healthy and the restriction of their movement to stop the spread of that illness. . .”*

### Quarantine:

- *“Quarantine refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious.”*



Excerpted from CDC's Division of Global Migration and Quarantine Website

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**Instructor's Note, State/Local Laws:** *Please add state/local specifics when designing a state/local course. If state has defined isolation and quarantine, instructor should substitute provision reflecting the specific law of your state.*

Excerpt from CDC's Division of Global Migration and Quarantine website:

<http://www.cdc.gov/ncidod/sars/isolationquarantine.htm>

To contain the spread of a contagious illness, public health authorities rely on many strategies. Two of these strategies are isolation and quarantine. Both are common practices in public health, and both aim to control exposure to infected or potentially infected persons. Both may be undertaken voluntarily or compelled by public health authorities. The two strategies differ in that isolation applies to persons who are known to have an illness, and quarantine applies to those who have been exposed to an illness but who may or may not become ill.

### **Isolation: For People Who Are Ill**

Isolation refers to the separation of persons who have a specific infectious illness from those who are healthy, and the restriction of their movement to stop the spread of that illness. Isolation allows for the focused delivery of specialized health care to people who are ill, and it protects healthy people from getting sick. People in isolation may be cared for in their homes, in hospitals, or in designated healthcare facilities. Isolation is a standard procedure used in hospitals today for patients with tuberculosis (TB) and certain other infectious diseases. In most cases, isolation is voluntary; however, many levels of government (federal, state, and local) have basic authority to compel isolation of sick people to protect the public.

### **Quarantine: For People Who Have Been Exposed But Are Not Ill**

Quarantine refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious. Quarantine of exposed persons is a public health strategy, like isolation, that is intended to stop the spread of infectious disease. Quarantine is medically very effective in protecting the public from disease.

## Quarantine and Isolation: Key Issues #1

- **When** is quarantine/isolation authorized?
- **Who** can authorize?
  - Health Officer, Governor, or Local Government Executive
- **What procedures** need to be followed?
  - Notice, hearing, appeal



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**Instructor's Note, State/Local Laws:** *This slide provides a summary of the issues included in the state's quarantine law (and to be discussed in following slides). Instructor can use this slide without modification to introduce topics to be covered, or modify it to reflect the organization of specific law of your state. Instructor may collapse these slides as necessary to capture essential provisions of the state law. Instructor may wish to break session into small groups for five minutes to discuss and report back on what isolation requirements are in their jurisdictions.*

•In general:

- Isolation is authorized until the person is no longer contagious. This parameter is provided in standard texts on communicable disease control;

•Who can invoke isolation varies by state:

- Generally, Governor or state public health officer
- City/county council or Mayor
- Local public health officer.

•In most states a Public Health Emergency Declaration is not legally required, but declaration could be useful if invoking powers for a large population. Check with a qualified attorney **BEFORE** powers need to be invoked.

## Quarantine and Isolation: Key Issues #2

- **For How Long?**
  - Until medical exam or for period of time unless confirmed by court order after hearing
- **Where?**
  - Medical facility, detention center, or home or (in some states) other place of individual's choosing
- **How?**
  - Communications, enforcement, logistical and staffing requirements



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## Quarantine and Isolation: State Examples

### *When authorized:*

Illinois: *“to prevent the probable spread of a dangerously contagious or infectious disease, including non-compliant tuberculosis patients”*

### *Who orders:*

Illinois: *“The Department of Health”*

Minnesota: *“The commissioner of health or any person acting under the commissioner's authority”*

District of Columbia: *“the Mayor after consultation with the Director of the Department of Health”*



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**Instructor's Note, State/Local Laws:** *Please add state/local specifics when designing a state/local course. Law of Illinois is merely an example.*

- In many states, the public health authorities have power to order a quarantine based on the simple determinations that a person has been infected or may have been infected with a communicable disease, and that quarantine or isolation is required to prevent its spread. For example, Illinois 20 I.L.C.S. 2305/2 (b)
- If a person has not consented to the detention, some states require that a hearing be held within several days of the detention to establish that the detention is proper. (e.g. Illinois)
- Who can invoke quarantine or isolation varies by state:
  - Generally, Governor or state public health officer
  - City/county council or Mayor
  - Local public health officer.
- The Illinois statute cited here is an excerpt from Illinois 20 I.L.C.S. 2305/2 (b)
- The Minnesota statute -- M.S.A. § 144.419
- The District of Columbia statute – Mayor issues the order after making findings in consultation with the Director of Public Health. DC ST § 7-133

## Quarantine and Isolation: State Examples

### *For How Long:*

Illinois: *“until such time as the condition can be corrected or the danger to the public health eliminated or reduced in such a manner that no substantial danger to the public's health any longer exists.”*

Minnesota: *“Isolated and quarantined individuals must be immediately released when they pose no known risk of transmitting a communicable or potentially communicable disease to others.”*



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**Instructor's Note, State/Local Laws:** *Please add state/local specifics when designing a state/local course. Law of Illinois is merely an example.*

- Since quarantine and isolation are imposed based on a finding that an individual poses a threat to the health of others, they normally can be continued until the person no longer poses a danger, i.e., the contagious period of the disease has ended.
- If a person has not consented to the detention, some states require that a hearing be held within several days of the detention to establish that the detention is proper. (e.g. Illinois)
- Minnesota requires regular monitoring of persons in isolation or quarantine:
  - M.S.A. § 144.419 - (d) The health status of isolated and quarantined individuals must be monitored regularly to determine if they require continued isolation or quarantine. To adequately address emergency health situations, isolated and quarantined individuals shall be given a reliable means to communicate 24 hours a day with health officials and to summon emergency health services.
  - (f) Isolated and quarantined individuals must be immediately released when they pose no known risk of transmitting a communicable or potentially communicable disease to others.

## Quarantine and Isolation Procedural Requirements

Quarantine/isolation **restricts liberty** of individual

– Similar to criminal arrest or civil commitment

Triggering right to “due process” hearings

– Right to notice

– Right to counsel

– Right to hearing on request

– Rational/reasonable basis for detention



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**Instructor’s Note, State/Local Laws:** *This slide may be used for general discussion of law of state, or be modified to reflect the specific law of your state.*

• Quarantine/isolation restrict the personal liberty of individuals. Many state health laws do not spell out the procedural requirements for quarantine/isolation, while others have fairly detailed provisions. - Most of these protections are derived from Constitution due process requirements triggered when depriving an individual of liberty and includes:

- Notice and Hearing requirements
- Showing that detention is necessary to protect public health
- Right to counsel; reviewable final decision

• The information that is required to be included in a quarantine order may be more limited than the information that would be required to justify a contested quarantine order to a hearing officer or court.

Illinois: 20 ILCS 2305/2 (c)

• In addition to showing threat to public health:

“The Department must also prove that all other reasonable means of correcting the problem have been exhausted and no less restrictive alternative exists. For purposes of this subsection, in determining whether no less restrictive alternative exists, the court shall consider evidence showing that, under the circumstances presented by the case in which an order is sought, quarantine or isolation is the measure provided for in a rule of the Department or in guidelines issued by the Centers for Disease Control and Prevention or the World Health Organization.”

• In most states, a Public Health Emergency Declaration is not legally required:

- But declaration could be useful if invoking powers for a large population
- Check with a qualified attorney BEFORE powers need to be invoked.

• State laws generally allow an ordering official to detain a person **BEFORE THE HEARING**,

- The official is required to find that delays would jeopardize public health, and
- An emergency hearing is scheduled very soon (e.g. within 48 hours after the detention begins.)

## Quarantine Example: State Hearing Requirement

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### Quarantine - Ex Parte Gilbert, 135 SW 2d 718 (Tex. Crim. 1940)

*“...a lawful arrest may be made without preliminary thereto affording the person affected a hearing; but if, after arrest, such person challenges the right of the authorities to continue the detention, the fundamental law accords him the right to have the legality of his detention inquired into by a proper court in a habeas corpus proceeding. **The law denies to no one restrained of his liberty without a hearing the right to prove in some tribunal that the facts justifying his restraint do not exist.**”*



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- This 1940 Texas case is an example of a case involving quarantine – this time involving a woman accused of having a venereal disease.
- Again – while the courts support the broad authority of public health officers to confine persons in order to protect the public health and safety, that authority carries with it an obligation to provide an opportunity for individual hearings.
- The right to hearing and right to counsel recognized in this case is essentially the same right recently recognized by the Supreme Court in cases decided in 2004 on the government’s ability to detain suspected terrorists without a hearing.
- In the 1980s, a number of states considered imposing quarantine of AIDS patients – see Footnote 3 in 14 Hofstra Law Review 53, *AIDS and Quarantine: The Revival of an Archaic Doctrine*, Fall 1985 (Approx. 35 pages) – but these proposals were rejected as it became apparent that AIDS was not extremely contagious.
- But see *In re Stilinovich*, 479 NW 2d 731 (Ct. App. Minn. 1992) – civil commitment as psychopathic personality of AIDS carrier was reversed – but court notes that the Commissioner of Health can take action under the Minn. Health Threat Procedures Act – which provides for quarantine and isolation..

## Quarantine and Isolation Procedures: Illinois Example

*If individual does not consent, ordering official must*

- Arrange notice, right to counsel, and hearing in 48 hours if practicable*
- Make determination based on “clear and convincing evidence” that “public's health and welfare are significantly endangered” by exposed/diseased individual*
- “prove that all other reasonable means of correcting the problem have been exhausted and no less restrictive alternative exists”*



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## Quarantine and Isolation Hearings: Typical Requirements

- Quarantine/Isolation Administrative Order
- Supporting Affidavits/Factual Findings
- Notice/Explanation of Due Process Procedures
- Service of Process: Likely by Law Enforcement Officers
- Opportunity to Confront Accuser:
  - Arrange for appearances at hearing
  - Possible telephonic/electronic hearings



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Instructor's Note, State/Local Laws: *This slide should be modified to reflect the specific law of your state.*

- Each state will have its own procedures and corresponding documentation to be used in issuing and enforcing a quarantine order. **These documents should be drafted *BEFORE* they are needed, so that they are available for immediate use when needed.**
- Many of the listed measures are mandatory, e.g., there will be use of law enforcement;
- The distinction between voluntary and mandatory is whether an order is issued, not the type of restriction.
- The amount of social distress and disruption depends on the length of the quarantine.
- There is usually no additional disruption from isolation orders as they are applied to people who are sick and need to be in bed.
- Quarantine, however, affects healthy persons who may miss work as a result of the quarantine.

## Quarantine and Isolation Hearings: Role of Judiciary

### Procedural Readiness:

- Systems for large number of hearing requests in event of mass quarantine
  - Procedures for handling service of process
  - Court appointed counsel
- “In person” vs. electronic/telephonic hearings
  - Measures to protect safety of hearing officers and participants
- Clarity in documentation/affidavits required in mass quarantine environment



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Instructor's Note, State/Local Laws: *This slide should be modified to reflect the specific law of your state.*

- Health officials must be aware of the potential role that judges and the courts will play in quarantine/ isolation situations.
- The courts must retain judicial independence, and efforts to familiarize court officials with the issues raised by potential public health emergencies (such as invitations to participate in exercise) must not place judges in the position of prejudging an issue that may come before them.
- However, it is important that courts be aware of the nature of the quarantine restraints that are being considered in emergency planning, and to help court administrators understand and develop plans for the logistical implications of quarantine hearings. Potential documents, or the form of documents, that would be required in seeking judicial approval should be drafted **BEFORE** they are needed, so they will be available for immediate use in an emergency.

## The “Where and How” of Quarantine: Substantive Requirements

- *Detention must be “by least restrictive means necessary”*
  - including “confinement in private homes or other public or private premises”
- *Separate isolated from quarantined individuals*
- *Monitor health status of individuals*
- *Attend to needs of detained individuals*
  - food, clothing, medical treatment, communication, shelter
- *Safe and hygienic detention facility*
- *Consider cultural and religious beliefs (“to the extent possible”)*



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Instructor’s Note, State/Local Laws: *This slide should be modified to reflect the specific law of your state.*

The text of this slide is based on provisions in the Draft Model State Emergency Powers Act. However, similar provisions have been adopted in many states, and even where not expressly adopted, they may reflect existing constitutional requirements.

•For example, the draft Model Act includes language stating that quarantine must be by the least restrictive means necessary; many state statutes do not include this language.

•However, the U.S. Constitution provides that states cannot deprive persons of their life, liberty, or property without due process.

•This language has been interpreted to mean that if the public health objective can be achieved by measures short of quarantine – by less restrictive alternatives to detaining cases, suspected cases, or contacts in a locked facility – then the formal quarantine order may well be an unreasonable restraint and thus violate the Constitution.

## “Where/How”: Alternatives to Mandatory Quarantine/Isolation

In lieu of quarantine, the objective of preventing transmission of disease may be met by:

- Use of masks, gloves
- “Snow Day” and “Shelter-in-Place”
- Voluntary isolation/quarantine (in designated facility)
- Telephone monitoring in the home
- “Work Quarantine”
- Active use of law enforcement officers to serve process and monitor

These are less restrictive alternatives to mandatory quarantine



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•The proposition that quarantine is only permissible if it is the “least restrictive alternative” – found in the draft Model Act, the law of many states, and supported by constitutional principles – is so important that it deserves discussion. This slide is generic and can be used in any state.

•There are many other ways to reduce transmission of communicable disease:

- Public health officers are seeking the course of action that will best protect public health while reducing interference with individual lives and livelihoods.
- Techniques short of full mandatory quarantine may have the added benefit of being far easier to administer
- If other measures are workable and protect public health, they may be required constitutionally. A court might find it unreasonable to arrest and forcibly quarantine people if a lesser restraint would be effective. It may also be important for health officials to estimate how important 100% compliance is to protecting the public health. Would a stay at home quarantine be effective if 70% complied?

Discussion question: Whose judgment on efficacy of less restrictive measures controls?

Answer: Judges will in all likelihood give very substantial deference to judgment of health officials. If a public health official believes that an order requesting sheltering in an individual’s home would be as effective as mandatory quarantine, a judge could find quarantine to be unlawful.

Definitions:

- Work Quarantine** – allows some health care workers to continue to work at the hospital or health care setting where they were exposed as long as they feel well and use extensive precautions re: personal hygiene, masks, gowns, etc
- Snow Day** – Use emergency measure similar to those on snow days measures such as canceling school and large gatherings, and perhaps restricting or closing mass transit, among other things
- Shelter in Place** – Remain where you are for specified period (e.g., 24-72 hours for many diseases), potentially on your own without formal external support from Public Health or Emergency Management. As length of detention increases, issues of food and income will become much more important.

Many of these options were used in the large scale SARS quarantine in Toronto.

## Federal Powers: Quarantine/Isolation

- The Surgeon General/CDC, through its Division of Global Migration and Quarantine, is empowered to detain, medically examine, or conditionally release persons suspected of carrying certain communicable diseases
- Authority applies only if the communicable disease has been designated in an executive order of the President
  - SARS was added to list in only two weeks
  - Avian flu was added to the list in April 2005



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On April 1, 2005, President Bush issued an amendment to Executive Order 13295 of April 4, 2003, to make influenza caused by novel or re-emergent influenza viruses that are causing, or have the potential to cause, a pandemic, federally quarantine-able.

**Note:** The Indian Health Service has independent quarantine authority: 42 U.S.C. 198 and 231.

Section 361 of Public Health Service Act codified at 42 U.S.C. § 264, *as amended*:

§ 264. Regulations to control communicable diseases

(a) Promulgation and enforcement by Surgeon General

The Surgeon General, with the approval of the Secretary, is authorized to make and enforce such regulations as in his judgment are necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the States or possessions, or from one State or possession into any other State or possession. For purposes of carrying out and enforcing such regulations, the Surgeon General may provide for such inspection, fumigation, disinfection, sanitation, pest extermination, destruction of animals or articles found to be so infected or contaminated as to be sources of dangerous infection to human beings, and other measures, as in his judgment may be necessary.

(b) Apprehension, detention, or conditional release of individuals

Regulations prescribed under this section shall not provide for the apprehension, detention, or conditional release of individuals except for the purpose of preventing the introduction, transmission, or spread of such communicable diseases as may be specified from time to time in Executive orders of the President upon the recommendation of the Secretary, in consultation with the Surgeon General.

Further sections of §264, applicable within a state, are covered on the next slide

## Scope of Federal Power to Quarantine Individuals

- *Interstate/International - persons entering:*
  - *into the United States or possessions from foreign countries, or*
  - *from one state or possession into any other state or possession*
- BUT ALSO:**
- *Within a state, if individual is reasonably believed to be infected*
  - *If state/local disease control measures inadequate to control spread of disease*
  - *Generally close coordination between state and*



CDC

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The federal government may restrict the movement of persons suspected of carrying specified communicable diseases in order to prevent the interstate spread of disease. The diseases for which quarantine is authorized are listed in an Executive Order of the President, the most recent of which is Executive Order 13295, issued on April 4, 2003.

42 U.S.C. §264 (continued from prior slide)

(c) Application of regulations to persons entering from foreign countries

Except as provided in subsection (d) of this section, regulations prescribed under this section, insofar as they provide for the apprehension, detention, examination, or conditional release of individuals, shall be applicable only to individuals coming into a State or possession from a foreign country or a possession.

(d)

(1) Apprehension and examination of persons reasonably believed to be infected

Regulations prescribed under this section may provide for the apprehension and examination of any individual reasonably believed to be infected with a communicable disease in a qualifying stage and (A) to be moving or about to move from a State to another State; or (B) to be a probable source of infection to individuals who, while infected with such disease in a qualifying stage, will be moving from a State to another State. Such regulations may provide that if upon examination any such individual is found to be infected, he may be detained for such time and in such manner as may be reasonably necessary. For purposes of this subsection, the term "State" includes, in addition to the several States, only the District of Columbia.

(2) For purposes of this subsection, the term "qualifying stage", with respect to a communicable disease, means that such disease

(A) is in a communicable stage; or

(B) is in a precommunicable stage, if the disease would be likely to cause a public health emergency if transmitted to other individuals.

(e) Nothing in this section or section 266 of this title, or the regulations promulgated under such sections, may be construed as superseding any provision under State law (including regulations and including provisions established by political subdivisions of States), except to the extent that such a provision conflicts with an exercise of Federal authority under this section or section 266 of this title.

Federal Regulations implementing this section define § 70.2: Measures in the event of inadequate local control.

Whenever the Director of the Centers for Disease Control and Prevention determines that the measures taken by health authorities of any State or possession (including political subdivisions thereof) are insufficient to prevent the spread of any of the communicable diseases from such State or possession to any other State or possession, he/she may take such measures to prevent such spread of the diseases as he/she deems reasonably necessary, including inspection, fumigation, disinfection, sanitation, pest extermination, and destruction of animals or articles believed to be sources of infection.

## Federal Powers: Quarantine Procedural Requirements

- Federal statutes specify few procedural requirements for imposition
- Constitution requires due process when depriving an individual of liberty:
  - *Notice and hearing requirements*
  - *Showing detention needed to protect public health*
  - *Right to counsel; reviewable final decision*
- Provision for the following is required:
  - *Access to food, water, medical supplies & treatment*



*Basic needs for survival*

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**Note:** Restricting entry of non-citizens into the United States does not have the same constitutional due process requirements –

Requirements for accommodations, food, medical care, etc. are not only found in cases involving state quarantine/treatment (e.g. the *Best v. Bellevue* case discussed later in this unit) but also in cases holding prison accommodations to be unconstitutional, or addressing denial of treatment of inmates.

Showing that detention is necessary to protect public health incorporates the less restrictive alternative discussed earlier.

A recent example is how federal and state governments prevented entry into the U.S. of persons returning from areas with livestock foot and mouth disease (e.g., U.K.) in 2001.

## Federal Powers: Quarantine of International Goods

- *Quarantine of Goods*
  - *Where serious danger of introduction of disease into U.S., from a country or places, and*
  - *Danger is increased with entry into U.S. of people or things*
  - *Surgeon General can prohibit entry of people or things from that country or place for such time as determined to be necessary*
- **Enforcement of Quarantine Laws**
  - Fine of \$1000
  - Imprisonment for not more than one year



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42 U.S.C. § 265. Suspension of entries and imports from designated places to prevent spread of communicable diseases.

## Federal & State Powers: Quarantine of Agricultural Goods

- Quarantine of Goods
  - Federal powers covered by U.S. Dept. of Agriculture (USDA) and the FDA
  - Covered by state departments of agriculture and related agencies
- Enforcement of Quarantine Laws
  - By these same agencies
  - In conjunction with law enforcement, if necessary



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The USDA Authority comes from the Animal Health Protection Act of 2001 <http://www.theorator.com/bills107/s1482.html>

**Note:** Instructor can discuss recent experiences with:

- Mad cow, hoof & mouth: prohibition of import of beef from Canada
- Prohibition of import of prairie dogs
- Avian flu – concerns regarding chickens.

## Federal Powers: Quarantine of Travel

*A person who has a communicable disease in the communicable period:*

- *Shall not travel from one state or possession to another. . .*
- *Without a permit from the health officer of the state, possession, or locality of destination, if such permit is required under the law applicable to the place of destination*



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**Note:** This is a very old law that has not been used for a very long time, but is still on the books.

- It still may be a powerful tool in the hands of a qualified public health official to ensure the health and safety of the public
- Colorado has found that the state could issue travel restrictions to persons not to board an airline; this is difficult to enforce
  - The saving grace is that the airline will give the person a ticket on another day without charge if the order is shown to the airline
  - It is unlikely that a state could enforce restrictions on driving a car across state borders
  - No emergency declaration is necessary to invoke this clause
  - Only the Director of the CDC (or her designee) can issue a permit for people within the contagious phase of certain communicable diseases (cholera, plague, smallpox, typhus, or yellow fever) to travel on board an interstate conveyance (e.g. plane, train, bus) per 42 C.F.R. § 70.3

### 42 C.F.R. § 70.3

In addition, an individual in the communicable stage of a disease may not travel from one state to another without obtaining a permit from the health officer of the destination state, assuming that such a permit is required under the law of the destination state.

Furthermore, individuals in the communicable period of certain diseases (cholera, plague, smallpox, typhus, or yellow fever) may not travel on board an interstate conveyance without obtaining a permit from the Director of CDC.

## Federal & State Powers: Restrictions on Movement and Travel

- Health authorities (federal/state/local) can restrict movement into or out of infected region
  - *Cordon Sanitaire*: place yellow tape around infected area/prohibit movement into/out of area
  - Logistical/due process issues build with time: need to allow food & medicine into region adequate for population confined
- State authorities also have authority to order evacuations



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*Cordon Sanitaire* – Sanitary cord – refers to historic practice of putting cord around a village to signal that the area is closed because of health reasons.

Example: State use of evacuation authority is very common and well known, such as evacuations from coastal areas (such as Florida Keys) as hurricane approaches and evacuation of areas around chemical tank car spills. In situations with environmental contaminants, it is safer to advise a population to shelter in place – stay at home or in office building – rather than encourage evacuation and potential exposures during evacuation.

**Note**: On evacuation – some evacuations are announced as voluntary, while others are mandatory. Even in a mandatory evacuation, the state may choose not to force unwilling citizens to leave.

More on evacuations will be covered in Unit 4.

## Quarantine & Isolation Enforcement

- Police
- National Guard - called up by Governor
- National Guard - federalized by President
- Military forces can be summoned
  - *Enforcement of state quarantine is an exception to prohibition on use of military for domestic law enforcement*



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Good discussion of *Posse Comitatus* in DTRA Legal Deskbook on WMD:

- This book can be found on the CD-ROM that accompanies this course or at [http://www.dtra.mil/press\\_resources/publications/deskbook/index.cfm](http://www.dtra.mil/press_resources/publications/deskbook/index.cfm)

- Execution of quarantine and certain health laws:

42 U.S.C. § 97. State health laws observed by United States officers

The quarantines and other restraints established by the health laws of any state, respecting any vessels arriving in, or bound to, any port or district thereof, shall be duly observed . . . by the military officers commanding in any fort or station upon the seacoast; and all such officers of the United States shall faithfully aid in the execution of such quarantines and health laws, according to their respective powers and within their respective precincts, and as they shall be directed, from time to time, by the Secretary of Health and Human Services.

## Objective 3.2

Understand the Emergency  
Public Health Powers  
Available for Mandatory  
Vaccination & Treatment



## State/Local Authority to Require Vaccination or Treatment

### Illinois example:

- The Department may order the administration of vaccines, medications, or other treatments as necessary to prevent probable spread of a dangerously contagious or infectious disease
- Vaccination/medication must not be “reasonably likely to lead to serious harm to the individual”
- Individual must be given notice
  1. Right to refuse
  2. Possibility of quarantine or isolation
  3. Right to counsel and hearing



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**Instructor’s Note, State/Local Laws:** *This slide should be modified to reflect the specific law of your state. Instructor may collapse these slides as necessary to capture essential provisions of state law.*

Example: Illinois 20 I.L.C.S. 2305/2

(e) The Department may order the administration of vaccines, medications, or other treatments to persons as necessary in order to prevent the probable spread of a dangerously contagious or infectious disease. A vaccine, medication, or other treatment to be administered must not be such as is reasonably likely to lead to serious harm to the affected individual. To prevent the spread of a dangerously contagious or infectious disease, the Department may, pursuant to the provisions of subsection (c) of this Section, isolate or quarantine persons who are unable or unwilling to receive vaccines, medications, or other treatments pursuant to this Section. An individual may refuse to receive vaccines, medications, or other treatments.

**Note:** Requirement for individualized determinations – mandatory vaccination or treatment depends on knowledge of whether it is “reasonably likely to lead to serious harm – which will depend on individual factors such as allergic reactions.

In Illinois, as in many other states, powers to order medical exams or treatments do not depend on there having been a declaration of a public health emergency.

**Note:** The procedural protections available to individual follow:

“An individual shall be given a written notice that shall include notice of the following: (i) that the individual may refuse to consent to vaccines, medications, or other treatments; (ii) that if the individual refuses to receive vaccines, medications, or other treatments, the individual may be subject to isolation or quarantine pursuant to the provisions of subsection (c) of this Section; and (iii) that if the individual refuses to receive vaccines, medications, or other treatments and becomes subject to isolation or quarantine as provided in this subsection (e), he or she shall have the right to counsel pursuant to the provisions of subsection (c) of this Section. To the extent feasible without endangering the public's health, the Department shall respect and accommodate the religious beliefs of individuals in implementing this subsection.”

**Resource:** Vaccination Mandates: the Public Health and Individual Rights, K. Malone and A. Hinman, in *Law in Public Health Practice*, edited by Goodwin, Rothstein, Hoffman, Lopez, and Matthews (Oxford University Press 2003)

Who can invoke vaccination mandates varies by state:

- Generally, Governor or state public health officer
- City/county council or Mayor
- Local public health officer.

In most states a Public Health Emergency Declaration is not legally required, but declaration could be useful if invoking powers for a large population. Check with a qualified attorney **BEFORE** powers need to be invoked.

## Mandatory Vaccination: Historical Background

### Principal case on constitutionality of mandatory vaccination:

- *Jacobson v. Massachusetts*, U.S. Supreme Court (1905)
  - 1902 smallpox outbreak in Cambridge, MA
  - Conviction for refusal to be vaccinated
  - Police power embraces “reasonable regulations” to protect public health and safety
  - *“Upon principle of self defense, community has a right to protect itself against an epidemic disease”*



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Instructor should ask participants to step back a moment and review how issues like this have been treated in the courts.

Smallpox: *Jacobson v. Massachusetts*, 197 U.S. 11 (1905):

- Henning Jacobson, an adult male, refused to be vaccinated after the City of Cambridge passed an ordinance based on the finding that “smallpox [is] prevalent in the city and continues to increase” and directed vaccination of all inhabitants of the city except children who present a certificate signed by physician that they are unfit subjects of vaccination.
  - State law authorized city boards to require and enforce vaccination and specified a fine of \$5 for anyone who refuse to comply.
  - Jacobson was fined, and took his case to the Massachusetts Supreme Court and then to the U.S. Supreme Court.
- “ Police power of state must be held to embrace, at least, such reasonable regulations established directly by legislative enactment as will protect the public health and safety. . . . The mode or manner in which those results are to be accomplished is within the discretion of the state, subject, of course, that . . . no rule . . . or regulation . . . shall contravene the Constitution of the United States, or with any right which that instrument gives or secures,” at 25.
- “Real liberty for all could not exist if each individual can use his own, whether in respect of his person or property, regardless of the injury that may be done to others. . . . Upon the principle of self defense, of paramount necessity, a community has the right to protect itself against an epidemic of disease which threatens the safety of its members,” at 26-27.

## Mandatory Treatment: Recent Case

### Confinement for treatment

- *Best v. Bellevue Hospital New York* (2004)
  - TB patient confined when sought to leave hospital/ refusing TB treatment
  - Filed suit against health department & hospitals
    - Was Mr. Best dangerous to himself and community?
    - Did Mr. Best have adequate right to hearing?
- Health Department prevails
  - After 4 hearings and over 7 administrative and state and federal judicial orders over 2 years



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*Best v. St. Vincents Hospital*, No. 03 CV.0365 RMB JCF, 2003 WL 21518829 (S.D. NY July 2003 – Magistrate’s opinion); affirmed by *Best v. Bellevue Hospital*, 2003 WL 21767656 (S.D.N.Y. July 2003 – District Judge); aff’d in part, vacated in part, dismissed in part, *Best v. Bellevue*, 2004 WL 2166316 (2nd Cir. 2004) – all opinions are unpublished.

• New York public health law provided for hearings and individual determinations on whether continued detention of one individual – Mr. Best – was required for public health and safety. The federal courts ultimately upheld Mr. Best’s detention – but described the constitutional standards that must be met before an individual can be detained:

“the right to a particularized assessment of an individual's danger to self or others”

“the right to less restrictive alternatives.”

The Court also articulated the standard to determine constitutionality of detention procedures:

“To determine whether the procedural safeguards provided by Health Code § 11.47 are constitutionally sufficient to protect an individual's due process rights, the following factors must be considered: first, the private interest that will be affected by the official action; second, the risk of an erroneous deprivation of such interest through the procedures used, and the probable value, if any, of additional or substitute procedural safeguards; and finally, the Government's interest, including the function involved and the fiscal and administrative burdens that the additional or substitute procedural requirement would entail.”

## Mandatory Treatment: State Powers

### Iowa Example:

*In a public health disaster, the department may*

- *Order physical exam/testing and collect specimens*
- *Unless tests are “reasonably likely to lead to serious harm to the affected individual.”*
- *Sanction if individual refuses:*
  - *the department may isolate or quarantine*



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Instructor’s Note, State/Local Laws: *This slide should be modified to reflect the specific law of your state.*

In most instances, a state will be able to obtain consent of individuals to an examination provided by the health department for persons who may have been exposed to a communicable disease. There may also be power to require the exam.

•This slide is taken from an Iowa statute --I.C.A. § 135.144

5. In a declared public health disaster, the public health department may “Order physical examinations and tests and collect specimens as necessary for the diagnosis or treatment of individuals, to be performed by any qualified person authorized to do so by the department. An examination or test shall not be performed or ordered if the examination or test is reasonably likely to lead to serious harm to the affected individual. The department may isolate or quarantine, pursuant to chapter 139A and the rules implementing chapter 139A and this division of this chapter, any individual whose **refusal** of medical examination or testing results in uncertainty regarding whether the individual has been exposed to or is infected with a communicable or potentially communicable disease or otherwise poses a danger to public health.”

•Some states may be able to exercise these powers without declaration, and of course many states have exceptions for religious or other objections to medical treatment

•There are specific, rapid examinations (chest x-ray, sputum smear) which can determine if a person with TB is contagious, but it is not so straightforward with other infectious diseases because either the person is contagious prior to onset of symptoms or the test is not rapid enough.

•In Colorado, communicable disease regulations permit medical examination of persons for diseases other than HIV/AIDS, but only with their consent.

## Mandatory Treatment: State Enforcement

### Connecticut example

- *A person refusing medical exam (treatment) may be isolated or quarantined if refusal leads to uncertainty on whether person is*
  - *Exposed or infected with contagious disease*
  - *Otherwise poses a danger to public health*



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**Instructor's Note, State/Local Laws:** *This slide should be modified to reflect the specific law of your state.*

This slide is based on a provision in Connecticut law; similar provisions exist in some other states and were recommended in the draft Model State Emergency Health Powers Act.

In Connecticut, the following provision allows quarantine of a person refusing to be vaccinated during a public health emergency:

C.G.S.A. § 19a-131e (b) The commissioner may issue an order pursuant to section 19a-131b to quarantine or isolate, as the case may be, any individual or group of individuals who is unable or unwilling for any reason, including, but not limited to, health, religion or conscience to undergo vaccination pursuant to this section. A parent or legal guardian may refuse such vaccination on behalf of a minor in the case where an order of vaccination requires a minor to be vaccinated. For purposes of this subsection, a minor is any person under the age of eighteen. Refusal of such vaccination shall not be grounds for quarantine or isolation without a reasonable belief that the individual or group of individuals is infected with a communicable disease or is contaminated, or may be exposed to a communicable disease or contamination, or may have been exposed to a communicable disease or to contamination, or is at reasonable risk of having a communicable disease or having been contaminated, and poses a reasonable threat to the public health.

## State Powers: Agricultural Goods

- Immunization, Treatment or Destruction of Agricultural Goods
  - Covered by state departments of agriculture and related agencies
  - Compensation for destroyed animals and premises is provided in some states
- Enforcement
  - By these same agencies
  - In conjunction with law enforcement, if necessary



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Example : Maryland. Annotated Code 3-101 to 115, 3-201 and 3-201.1, 3-105.1 and 3-303

•These provisions bestow on the Maryland Secretary of Agriculture broad authority to inspect animals, and to adopt and enforce quarantine and sanitary rules, to restrict importation of infected livestock, and to order destruction of animals and the disinfection of structures and premises. There are specific provisions regulating the disposition of remains of destroyed animals.

•The statute does provide for compensation for animals and structures that are ordered to be destroyed: compensation is at 90% of the appraised value, but not more than \$500 for any one animal.

•The statute allows for *de novo* court review of the appraisals, where *de novo* is defined as: anew, afresh, considering the matter anew, the same as if it had not been heard before and as if no decision previously had been rendered. *Ness v. Commissioner*, 954 F.2d 1495, 1497 (9th Cir. 1992). Such review is 'independent.' *Premier v. Fuentes*, 880 F.2d 1096, 1102 (9th Cir. 1989)."

<http://www.lectlaw.com/def/d010.htm>

## Federal Powers: Vaccination

- No existing general authority for federal government to mandate vaccination
  - Department of Defense and Department of State can require vaccination of servicemen after following specified procedures
- Smallpox Emergency Personnel Protection Act of 2003
  - Encourages vaccination by providing liability protection (for some of those vaccinating) and
  - Compensation for injuries caused by vaccination



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Pub. Law 108-20, Smallpox Emergency Personnel Protection Act, April 30, 2003:

- This is a clear example of how state powers are broader than federal powers.
- Recent case enjoining DOD anthrax vaccination program excerpt shows nature of restrictions.

“In 1998, in response to concerns about the use of investigational new drugs during the 1991 Gulf War that may have led to unexplained illnesses among veterans, Congress enacted [10 U.S.C. § 1107](#). This provision prohibits the administration of investigational new drugs, or drugs unapproved for their intended use, to service members without their informed consent. The consent requirement may be waived only by the President. In 1999, the [President signed Executive Order 13,139](#), pursuant to which DoD must obtain informed consent from each individual member of the armed forces before administering investigational drugs and under which waivers of informed consent are granted only "when absolutely necessary." [Exec. Order No. 13,139, 64 Fed.Reg. 54,175 \(Sept. 30, 1999\)](#). In August 2000, DoD formally adopted these requirements in DoD Directive 6200.2.” From *Doe v. Rumsfeld*, (D.D.C. October 27, 2004) 2004 W.L. 2397

Reference: Domestic WMD Incident Management Legal Deskbook pp. 4-3 to 4-11.

## Federal Powers: Agricultural Goods

- Immunization, Treatment or Destruction of Agricultural Goods
  - Covered by US Department of Agriculture (USDA) and the FDA
- Enforcement
  - By these same agencies
  - In conjunction with law enforcement, if necessary



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The USDA Authority comes from the Animal Health Protection Act of 2001:

<http://www.theorator.com/bills107/s1482.html>

**Note:** Instructor can discuss recent experiences with:

- Mad cow, hoof & mouth: prohibition of import of beef from Canada;
- Prohibition of import of prairie dogs
- Avian flu – concerns regarding chickens.

## Objective 3.3

Understand Legal Issues of  
Particular Importance to Special  
Populations During Public Health  
Emergencies



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## Legal Issues of Importance During Public Health Emergencies

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- Special populations
- Other Issues
  - Mass incidents
  - Obligations to those under quarantine
  - Voluntary compliance
  - Lessons from Canada



## Important Legal Issues

### Special Populations: Logistical Challenges

- Essential Public Service Workers
  - Procedures for priority access to examinations and treatments
- Language
  - Many languages spoken
  - Language impacts communication – and “due process”
- Religious objections & dietary restrictions
  - Protecting First Amendment & Equal Protection rights while protecting public health



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**Instructor's Note:** Consider discussing who are the essential public service workers in your participants' jurisdictions.

- They will have high priority for personal protective equipment, treatment and/or vaccination—
- The difficulty is determining who they are (policeman, firefighters, EMTs, municipal water workers, sewage workers, pharmacists, etc.)
- Religious objections:
  - Power of prayer to control disease
    - E.g. People of certain religions or backgrounds can refuse medical treatment
  - Forbidden foods or food products
    - E.g. People of certain religions or backgrounds may not be able to take medications made from animal products or suspended in an animal gelatin base or capsule

## Special Populations: Groups with Specific Protections

- ADA Covered Populations
  - Elderly
  - Infirm
  - Hospitalized
- Confined Populations and Providers (inmates and wardens)
  - Medical treatment
  - Habitable accommodation
  - Protection from known threats



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- Logistical challenges for treating Americans with Disabilities Act (ADA) covered patients include:
  - Providing specialized care
  - Transportation
- There are, however, certain specific protections provided to elderly/special needs personnel under the ADA
- Recent court decisions have reinforced that prison populations have the right to access health care, even beyond what they might have if they were not prisoners
- With these populations, protecting specific individuals and protecting the population as a whole must be balanced, especially if resources are limited

## Important Legal Issues: Mass Incidents

- Courts have not faced a true mass incident since flu pandemic in 1918-1919
- Requirements for individual hearings will likely be relaxed when facing mass incident
  - *E.g., New York Health Code 11.55*
- Quarantine/treatment plans, even if on mass scale, must have provision for the individual differences of the population



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### Rule of Reason:

- During actual emergency – courts will tend to defer to expertise of health official

Are health officials' judgments reasonable?

- After an emergency is over – courts will more closely scrutinize decisions and actions of health authorities

Minnesota provision for “group” hearing where individual hearings are impractical: M.S.A. § 144.4195

(c) If it is impracticable to provide individual orders to a group of persons isolated or quarantined, one order shall suffice to isolate or quarantine a group of persons believed to have been commonly infected with or exposed to a communicable disease. A copy of the order and notice shall be posted in a conspicuous place:

- (1) in the isolation or quarantine premises, but only if the persons to be isolated or quarantined are already at the isolation or quarantine premises and have adequate access to the order posted there; or
- (2) in another location where the group of persons to be isolated or quarantined is located, such that the persons have adequate access to the order posted there.

If the court determines that posting the order according to clause (1) or (2) is impractical due to the number of persons to be isolated or quarantined or the geographical area affected, the court must use the best means available to ensure that the affected persons are fully informed of the order and notice.

(d) No person may be isolated or quarantined pursuant to an order issued under this subdivision for longer than 21 days without a court hearing under subdivision 3 to determine whether isolation or quarantine should continue. A person who is isolated or quarantined may request a court hearing under subdivision 3 at any time before the expiration of the order.

- From New York City amendment to Health Code 11.55:

“The extent of the due process required depends on the nature and duration of the restraint.” Lawrence O. Gostin, Public Health Theory and Practice in the Constitutional Design, 11 Health Matrix: Journal of Law - Medicine 265, 309 (2001). In considering the due process protections which are constitutionally required as a result of the proposed amendments, the Department considered and weighed the following:

(1) The private interest affected by the governmental action; (2) The risk of an erroneous deprivation of these interests through the procedures used, as well as the probable value, if any, of added or substitute procedural requirements; and (3) the government's interest and the fiscal and administrative burdens that the additional or substitute procedural requirement would involve. *Matthews v. Eldridge*, 424 U.S. 319, 335 (1976).

## Important Legal Issues: Obligations to Those Under Quarantine:

- Must provide: food, medical care, safety & sanitary needs
- Key concerns include:
  - *How to provide these services without endangering the delivery people?*
  - *How to address special needs?*



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•Strategic National Stockpile (SNS) plans for the National Capitol Region call for the Postal Service (USPS) to deliver some items with the mail, but the USPS says that concern for Postal Worker Safety may preclude delivery into quarantined areas- so there is a clear issue regarding protecting safety of the quarantined population vs. the delivery workers

•Requirements for accommodations, food, medical care, etc. are not only found in cases involving state quarantine/treatment (the (e.g. the *Best v. Bellevue* case discussed above) but also in cases holding prison accommodations to be unconstitutional, or discussing denial of treatment of inmates.

•How to address special needs?

- Providing food for people with special dietary needs (religious, ethical, allergies)
- Arranging for special care needs (e.g. dialysis, chemotherapy, PT/OT, etc.)

## Important Legal Issues: Encouraging Voluntary Compliance

- Large quarantine with consent of those involved is more effective
- Even with voluntary compliance, there are factors that undercut compliance:
  - *Lost wages or income*
  - *Groceries and essential services*
  - *Boredom*



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- Key to success is good communication to the public
- Public behavior can be very responsible during an emergency when properly informed, but how can it be determined when a person who is part of a voluntary mass quarantine has broken quarantine?
  - More workers are needed to monitor voluntary quarantine (e.g., make daily phone calls to thousands of homes) than to enforce quarantine
  - Police and national guard have little to no training in the control of communicable diseases

**Note:** Given the significance of lost wages to the success of quarantine orders, (at least those that do not involve physically locking up individuals, but direct them to stay in particular facilities,) it is important to note that there may not currently be any government programs, state or federal, that compensate for wages lost as a result of a quarantine order.

## Important Legal Issues: Lessons from Canada: SARS

### Communications in Toronto “demystified” quarantine

- 300,000 calls to hotlines staffed by 80 nurses
- Community meetings were held
- Information posted on websites in 14 languages

### Substantial “Social Cohesion” in PH Emergency

*“When presented with clear communication & practical guidance, public behavior can be very responsible in a public health emergency.”*



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Quote from “Public Health Community Preparedness for SARS” prepared for CDC 9-23-03

If the quarantine is prolonged and/or issued for reasons that have low yield in terms of identifying persons who will become ill (for example, quarantining all travelers arriving from certain locations), then the difficulties of enforcement and effectiveness increase.

Example of social cohesion: Red Cross Blood Drive after 9/11

## Lessons from Canada: SARS Quarantine Enforcement

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### Canadian experience with SARS

- Over 30,000 quarantined in Toronto by provincial health authorities
  - Mandatory requirement that those exposed stay home
- Only 27 formal quarantine orders were served
- Only ONE formal appeal
  - Later voluntarily withdrawn after explanation



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Reference: “Quarantine and Isolation: Lessons from SARS”, a Report to the Centers for Disease Control by Institute for Bioethics, Health Policy and Law, University of Louisville School of Medicine November 2003.

## Unit 3

### Key Takeaways - Summary

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1. Know the Legislation
2. Plan “Due Process”
3. Draft Documents in Advance
4. Contact Other Jurisdictions
5. Engage the Courts in Advance
6. Anticipate Practical Problems
7. Communication is Critical



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**Note:** There will be more on the role of communications in Unit 6.

## *Hypothetical Example (Cont.) What Happens Next?*

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- All hospitals filled to overflowing
- More patients need ventilators than are available
- Adequate pharmaceuticals available for confirmed cases: the “worried well” demand access



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## Next Segment

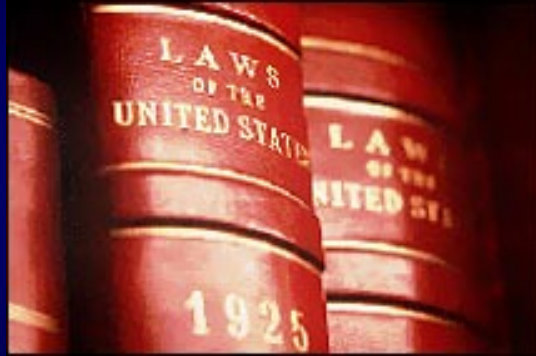
What powers may be implicated in  
the management and use of  
private and other property during  
public health emergencies?



## End: Unit 3

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For additional  
information on  
public health law  
visit the *CDC  
Public Health  
Law Program*



[www.cdc.gov/phlp](http://www.cdc.gov/phlp)

